

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
8/20/99**PRODUCER**Arthur J. Gallagher & Co.  
12444 Powerscourt Drive  
St. Louis, MO 63131

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**COMPANY  
A

Legion Insurance Company

**INSURED**

Atlas Van Lines, Inc. et al

P.O. Box 509  
Evansville, IN 47703-0509COMPANY  
BCOMPANY  
CCOMPANY  
D**COVERAGES**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM, OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	BA1-000103	7/1/1999	7/1/2000	GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ Included
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ Included
	<input type="checkbox"/> OWNERS' & CONTRACTORS' PROT				EACH OCCURRENCE	\$ Included
					FIRE DAMAGE (Any One Fire)	\$
					MED EXP (Any One Person)	\$
A	<b>AUTOMOBILE LIABILITY</b>	BA1-000103	7/1/1999	7/1/2000	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NONOWNED AUTOS					
	<b>Cargo Liability</b>					
	<b>GARAGE LIABILITY*</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	<b>EXCESS LIABILITY*</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				<input type="checkbox"/> WC STATU- TORY LIMITS	<input type="checkbox"/> OTH- ER
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			EL EACH ACCIDENT	\$
		<input type="checkbox"/> EXCL			EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

COVERAGE APPLIES SOLEY WHILE OPERATING UNDER ATLAS VAN LINES, INC.'S AUTHORITY.

**CERTIFICATE HOLDER**U.S. Dept. of Energy  
Oakridge National Laboratory  
P.O. Box 2008/Bldg. 7001  
Mail Stop 6288  
Oakridge, TN 37831**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

